## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10758850

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column 1)		(Column 2)		7 .	TYPE		OR	OR SMALL ENTITY		
TOTAL CLAIMS			15		·			RATE	FEE	]	RATE	FEE	
FC	DR	<del></del>	NUMBER FILED		NUMBER EXTRA		]	BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	OTAL CHARGE	ABLE CLAIMS	15 minus 20=		*		]	X\$ 9=		OR	X\$18=		
INE	DEPENDENT C	LAIMS			*			X43=		OR	X86=	·	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If the difference in column 1 is less t				ero, enter	"0" in c	column 2		TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II OTHER											THAN		
		(Colum			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	11	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	<u> </u>	=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL		į	TOTAL	· · · · · ·	
	(Calume 4)									OR,	ADDIT. FEE		
	· · · · · · · · · · · · · · · · · · ·	(Column 1) CLAIMS	·	(Colum		(Column 3)	1 -						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	•.	OR	X\$18=		
	Independent	*	Minus	***	O: 4::4	=	1 /	X43=	,	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
		· A1	TOTAL DDIT. FEE	•	OR ,	TOTAL ODIT, FEE							
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	***		=		X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
• #	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
** H	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE		
·· †	he *Highest Num	ber Previously Paid	For (Total or	Independen	iess than it) is the l	highest number	r found	in the appr	opriate box	in colu	mn 1.		